

FILED FEB 15 1943

Registration District No.

Primary Registration District No. 3076

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Central Richards, Arkansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution approx. 2 hours (Specify whether
In this community approx. 2 hours years, months or days)

3. (a) PRINT FULL NAME Jesse Allen Wilkoste

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married
(b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July 24 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Richards, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Wilkoste

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Bradley

15. Birthplace Jackson Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Wilkoste

(b) Address Richards, Mo.

17. (a) Burial (b) Date thereof 1-29-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marshall Eickinger

(b) Address Nevada, Mo.

19. (a) 1-29-43 (b) Hazel B. Bewick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R. W. St. Nevada, Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1943 hour one minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan-26-1943 to Jan-26-1943
that I last saw him alive on Jan-26-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Self inflicted gun-shot wound in head
Due to head

Due to 164 c

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Jan-26-1943 R.F.D.

(c) Where did injury occur? Richards, Vernon Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home on farm

While at work? no (Specify type of place) (e) Means of injury ✓

23. Signature W. H. Madd (M. D. or other)

Address Jan-29-1943 Date signed

RECEIVED
District Health Officer No. 7
District File Number 1-43-48
Date Filed 2-4-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address

Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.